

# Division of Chronic Disease

North Dakota Department of Health  
Community Health Section

## Division Staff:

### **Division Director**

Karalee Harper

### **Heart Disease and Stroke Prevention Program**

Susan Mormann,  
Program Director

Clint Boots,  
Data Analyst

Kathy Moum,  
Epidemiologist

Micki Savelkoul,  
Quality Improvement  
Specialist

### **Tobacco Prevention and Control Program**

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Clint Boots,  
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Neil Charvat,  
Disparities Coordinator

Kara Dodd,  
Health Promotion  
Coordinator

Micki Savelkoul,  
Quality Improvement  
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Michelle Walker,  
Cessation Director

### **Support Staff**

Jenifer Brubakken  
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## **Mission:**

To improve the health and quality of life for North Dakotans who have chronic diseases by promoting healthy behaviors, supporting health-care improvement measures, developing community policies and practices and increasing disease risk awareness and by reducing the negative health and economic consequences of the state's number-one cause of preventable disease and death – tobacco use.

The division accomplishes its mission by providing grants, training, education and technical assistance to communities and health-care providers.

## **Vision:**

For all North Dakotans to enjoy good health free from chronic disease.

## Programs within the division include:

### **Heart Disease and Stroke Prevention Program:**

Provides leadership for statewide partnerships to improve cardiovascular health for all, reduce the burden and eliminate health disparities associated with heart disease and stroke. The overarching statewide emphasis is education, policy and systems change.

**State Stroke Program** – Provides grants to local hospitals to improve acute stroke care through adherence to evidence-based guidelines, quality improvement activities, training, technical assistance and community education/awareness.

### **State Stroke Program**

*Enhancing stroke care.  
Improving outcomes.*

**Stroke System of Care Task Force** –Facilitates the sharing of best and promising practices to reduce duplication, identify gaps and advocate for positive policy and systems change. Provides leadership for the development of a statewide stroke system of care and serves on the task force as the state health officer designee.

### **Tobacco Prevention and Control Program:**

Provides grants, training and technical assistance to local public health units and American Indian tribes for tobacco prevention and control efforts in communities.

*Our Goal* is to reduce disease, disability and death related to tobacco use by:

- Preventing initiation among youth and young adults.
- Promoting quitting among adults and youth.
- Eliminating exposure to secondhand smoke.
- Identifying and eliminating tobacco-related disparities among specific population groups.



**Tobacco Cessation Services** – Provides grants for city, county and state employee cessation programs and supports a statewide tobacco cessation quitline and Internet-based cessation service for all tobacco users who want to quit.



**Tobacco Surveillance** – Commissions multiple surveys designed to measure a variety of factors related to tobacco use among North Dakota citizens and assess how these factors change over time. The Tobacco Prevention and Control Program also provides input and funding for the tobacco-related portions of the following surveys:

- **Behavioral Risk Factor Surveillance System (BRFSS)** – The BRFSS is an ongoing state-based telephone surveillance system that collects data about the behaviors and conditions that place people at risk for chronic diseases, injuries and preventable infectious diseases. Results are reported annually.
- **Youth Risk Behavior System (YRBS)** – The YRBS monitors priority health-risk behaviors among youth and young adults. The North Dakota Department of Health partners with the North Dakota Department of Public Instruction to conduct this survey biennially.



### **Health Equity:**

The Division of Chronic Disease promotes the elimination of health disparities based on age, gender, race and ethnicity, income and education, disability, rural locality and sexual orientation. Our goal is to identify culturally appropriate actions to promote health within these priority populations.

#### **Contact Information:**



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Community Health Section  
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